



Arizona Attorney General's Office

Legal Arizona Workers Act

Complaint Information Intake Form

Knowingly submitting a false and frivolous complaint is a Class 3 misdemeanor, punishable by a fine of up to \$500 and up to 30 days in jail.

A complaint may not be based solely on race, color or national origin.

Instructions:

1. Use this form if you wish to make a complaint to the Attorney General's Office.* When this form is completed, please **deliver or mail to 1275 West Washington Street, Phoenix, Arizona 85007**.
 * Alternatively, you may make your complaint to the County Attorney of the county where an unauthorized alien worker is employed. The addresses, telephone numbers, and links to Web sites of all County Attorneys are available on the Attorney General's Web site (www.azag.gov). County Attorneys are authorized by law to investigate and pursue court actions against employers under the Arizona Legal Workers Act, while the Attorney General's Office is authorized by law only to investigate and then, if appropriate, to turn a case over to a County Attorney for filing of court action against an employer.
2. Please use a black or blue pen and PRINT clearly.
3. Please complete all sections of this form, using additional pages if necessary. If you do not have the requested information, write "unknown." Do not guess or make up information.
4. You are asked to sign this form and provide your contact information. You may choose not to do so, but such information may be needed to do a proper investigation and if you do not provide that information, it may adversely affect the likelihood of a successful case against the employer.
5. **If you have a question about this form, call 602-542-5025 or 1-800-352-8431 (outside the Tucson and Phoenix metro areas).**

Employer:

The following employer employs one or more unauthorized alien workers:

Name of employer: _____

Type of business: _____

Address of employer's principal place of business: _____

Employer's phone number: _____

Names of managers, supervisors, or others who are familiar with employer's hiring practices:

Does the employer have one or more business licenses? _____ If so, what licenses: _____

Unauthorized Alien Employee* (# ____):

The following person currently is employed by the employer named on the first page and is not authorized to work in the United States:

Name: _____ Date hired: _____

Aliases: _____

Physical description, identifying marks: _____

Home address: _____

Phone number: _____

Date of birth: _____ Social Security number: _____

Employment position (job description): _____

Address where this employee currently works: _____

What information leads you to believe that this employee is not authorized to work in the United States? _____

Does the employer know that this employee is not authorized to work in the United States? _____

If your answer is "yes," what information leads you to believe that the employer knows that this employee is not authorized to work in the United States? _____

Did the employer run this employee's information through the federal E-Verify system? _____

If so, when? _____ What was the result? _____

Did the employer complete a federal I-9 form for this employee? _____ If so, when? _____

Did the employer accept any false documents from this employee in the I-9 process? _____

If your answer is "yes," did the employer know the documents were false? _____

What documents were false? _____

What information leads you to believe that the employer knew that the documents were false? _____

*** Use as many copies of this page as necessary to describe every unauthorized alien worker, one worker per page, then number each page at the top right corner, beginning with page "2."**

When did you become aware of the information provided on the previous pages? _____

How did you become aware of the information provided on the previous pages? _____

Are you now an employee of the employer named on the first page? _____

If not, have you previously been an employee of the employer named on the first page? _____

If you were previously employed, when did you start, when did you leave, why did you leave, where did you work, what positions did you hold, and who were your immediate supervisors? _____

Please provide your contact information below:

Name: _____

Home address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail address: _____

I hereby affirm that the information set forth on all the pages of this form is true and correct.

Signature: _____ Date: _____

_____ The following section is for use by the Attorney General's Office only _____

Accepted by: _____
Name Position Date Place